

A02000001246

ALSO ADMITTED  
ALABAMA, GEORGIA  
& TEXAS



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1004 JENKS AVENUE  
PANAMA CITY, FL 32401

FILED  
2002 SEP 17 PM 9:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

September 13<sup>th</sup>, 2001

SECRETARY OF STATE,  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

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-09/17/02--01039--004  
\*\*\*1793.75 \*\*\*\*\*33.75

RE: SHAW FAMILY, LTD.  
FAMILY LIMITED PARTNERSHIP AGREEMENT

Dear Sir or Madam:

Enclosed please find the original and one copy of the Certificate of Limited Partnership of SHAW FAMILY, LTD., the Affidavit of Capital Contributions and the Acceptance of Appointment as Registered Agent for the above-named Family Limited Partnership along with a check for \$1,793.75, which includes the \$1,750.00 filing fee, \$35.00 for Registered Agent Designation and \$8.75 for the certificate of good standing. Please file the original, certify the copy, and return the certified copy to our office in the enclosed self-addressed stamped envelope.

Thank you very much for your time and attention to this matter. Please do not hesitate to contact this office at once if you have any questions, or if I may be of assistance to you.

Sincerely,

Josie B. Strange, Legal Assistant to:  
Monica L. Cothran, Esq.

/jbs  
Enclosures: As stated

Josie Strange GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ending to be LLP  
DATE 9/18 @ 3:31 pm  
DOC. EXAM J. Bryan

J. BRYAN SEP 18 2002

**STATEMENT OF REGISTRATION OF FLORIDA REGISTERED LIMITED LIABILITY PARTNERSHIP**

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2002 SEP 17 PM 9:06  
DIVISION OF CORPORATIONS  
& ALLIANCE, FLORIDA

Pursuant to s. 620,78, Florida Statute, the partnership or limited partnership named below submits the following statement of registration.

1. Name of Partnership or Limited Partnership submitting this statement to register as a Limited Liability Partnership: Shaw Family, LTD.

If a Limited Partnership, the last words or letters of the name must be "Limited" or the abbreviation "Ltd." followed by the words "LIMITED LIABILITY LIMITED PARTNERSHIP" or the abbreviation "L.L.L.P." OR LLLP

If a Partnership, the last words must be "LIMITED LIABILITY LIMITED PARTNERSHIP" L.L.L.P. OR LLLP.

2. Partnership or Limited Partnership registration # or file # in Florida, if applicable:

A02000001246

3. Address of Principal Office:

2911 s. Highway 77  
Lynn Haven, FL 32444

4. Name and Florida street address of Registered Agent and registered office for service of process: Michael Scott, 2583 Hunt Cliff Lane, Panama City, Florida 32405.

Michael Scott

(Signature of Registered Agent)

5. Number of Partners: 2 6. Number of Partners in FL: 2 7. FEI number: \_\_\_\_\_

8. Name and recorded document number of any partner that is an entity other than an individual:

Not Applicable

Entry Name

Document Number

9. Type business in which the Partnership or Limited Partnership engages: ownership and operation of real property.

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10. Effective date of the Florida registered limited liability partnership:

- As of the date this registration is filed with the Secretary of State  
or
- A date later than the time of filing which shall not exceed 60 days from  
the date of filing: \_\_\_\_\_  
(Effective Date)

11. Attached to this registration pursuant to s. 620.78(4), F.S., is:

- A copy of an insurance policy demonstrating that the partnership complies with s. 620.7851  
(1) (a), F.S.; or
- An affidavit sworn to by a majority in voting interest of the partners that the partnership complies  
with s. 620.7851(1)(b), F.S.

12. This statement of registration of Florida Registered Limited Liability Partnership is  
executed by either a majority in voting interest of the partners or by one or more  
partners authorized by a majority in voting interest of the partners.

Signed this day 28<sup>th</sup> of March

2002



William E. Shaw, JR. Sole General Partner

THIS PARTNERSHIP CONTINUES AS A FLORIDA REGISTERED LIMITED LIABILITY  
PARTNERSHIP FOR ONE (1) YEAR AFTER THE DATE THIS STATEMENT OF REGISTRATION IS  
FILED.